

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10/517253	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
12		2				
13		2				
14		2				
15		1				
16		1				
17		2				
18		2				
19		2				
20		2				
21		1				
22		1				
23		1				
24		1				
25		2				
26		2				
27		2				
28						
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47						
48						
49						
50						
TOTAL IND.	4	↓	↓	↓	↓	↓
TOTAL DEP.	27	←	←	←	←	←
TOTAL CLAIMS	31					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	↓	↓	↓	↓
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS						